



**TOWN OF SOUTHAMPTON**  
 116 Hampton Road  
 Southampton NY 11968  
 (631) 287-5700 Fax: (631) 287-5754  
 www.southamptontownny.gov

Receipt # ..... Date.....  
 Bd. Appeals # ..... Date.....  
 Health Dept. # ..... Date.....  
 Flood Zone # ..... Elev Req. ....  
 SHT Plumbing Registration # .....  
 SHT Contractor's License # .....  
 \_\_\_ Stormwater Management Permit  
 \_\_\_ Truss Type Construction

☐ **Expedited Review**

SCTM # 0900 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Zoning \_\_\_\_\_ Subdivision Zoning \_\_\_\_\_  
 C/O No \_\_\_\_\_  
 Bedrooms below Grade: ☐ Proposed ☐ Existing  
☐ Commercial Certificate of Compliance  
☐ Bring more than 20-CY fill composition  
☐ New Application ☐ Work Done  
☐ Renewal # \_\_\_\_\_ FEE \$: \_\_\_\_\_

**APPLICATION FOR BUILDING PERMIT**

**Owner(s) of Property:** \_\_\_\_\_

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Location of Property: \_\_\_\_\_

**Contact Person:**

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Mailing Address for Permit:** \_\_\_\_\_

**PERMIT TO BE MAILED TO:** ☐ Contact Person ☐ Owner **(if box is not checked permit will be mailed to current owner)**

**Description of Proposed Construction:**

- ☐ Commercial Change of Tenancy Use **FEE \$50**  
☐ Certificate of Commercial Compliance **FEE \$200**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**AREA OF CONSTRUCTION:**

<b>Main</b>	<b>Accessory Building</b>	<b>Mezzanine</b>
1st floor _____ sq. ft.	1st floor _____ sq. ft.	_____ sq. ft.
2nd floor _____ sq. ft.	2nd floor _____ sq. ft.	<b>Finished Basement \$</b> _____ / _____ sq. ft.
<b>Porch</b>	<b>Garage</b>	<b>Deck</b>
1st floor _____ sq. ft.	1st floor _____ sq. ft.	1st floor _____ sq. ft.
2nd floor _____ sq. ft.	2nd floor _____ sq. ft.	2nd floor _____ sq. ft.
<b>Plumbing</b>	<b>Demolition \$</b>	<b>Accessory Structure \$</b>
<b>Fixtures Count</b>	<b>Fence \$</b>	<b>Swim Pool \$</b>
<b>Alteration/ Renovation/Repair \$</b>	<b>Spa/Hot Tub \$</b>	<b>Tennis/Sport Court:</b>
<b>Pool/Spa Heater \$</b>	<b>Elevator \$</b>	<b>Other:</b>
<b>Fireplace \$</b>		

**APPLICATIONS IS HEREBY MADE** to the Department of Land Management, Building and Zoning Division, for issuance of a Building Permit pursuant to the New York State Uniform Fire Prevention and Building Code, Southampton Town Zoning Ordinance, Chapter 330, and all amendments thereto, for the construction of buildings, additions or alterations, or for removal or demolition, or for any change of use as herein described. The applicant agrees to comply with all applicable laws, ordinances, and regulations.

APPLICATION SUBMITTED BY: \_\_\_\_\_

☐ Authorized Agent ☐ Owner

PRINT NAME OF SIGNATURE BELOW

☐ **Check Box After Reading**

*False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the New York State Penal Law.*

Original Signature of Applicant

Date

**FOR DEPARTMENT USE ONLY:**  
**Permit to Read:**

\_\_\_\_\_  
 \_\_\_\_\_  
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